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This is a Permanent Record.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. *Ter. Index No. 8/*
 ORIGINAL CERTIFICATE OF BIRTH. Co. Registrar No. 129
 Local Registrar's No. _____

(No. _____ St; _____ Ward)
FULL NAME OF CHILD Premature 7 mos. { Born } YES
 { Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 10</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Richard Mayne</u> Residence <u>Broad St</u> Color or Race <u>White</u> Age at last Birthday <u>43</u> (Years) Birthplace <u>Texas</u> Occupation <u>Miner</u>			MOTHER Full Maiden Name <u>Mayne</u> Residence <u>Same</u> Color or Race <u>White</u> Age at last Birthday <u>43</u> (Years) Birthplace <u>Utah</u> Occupation <u>Housewife</u>		
Number of child of this mother. <u>8</u>		Number of children, of this mother, now living. <u>7</u>		Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 10 1911, at 119 M

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. Sturgeon

(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 1911

Address _____

Filed June 15 1911

B. B. Sim

LOCAL REGISTRAR

Filed 7/5 1911

B. B. Sim

COUNTY REGISTRAR

045-610-045
COUNTY REGISTRAR